

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>159</u>
District of <u>Hayden</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. _____
Town of _____			Local Registrar No. <u>70</u>
or _____			
City of _____	No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)		St. _____ Ward _____
2. Full name of child <u>Engine Dana Prosh</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>
5. No., in order of birth _____		7. Date of birth <u>Oct 16 1928</u> Month day year	
5. FATHER		6. MOTHER	
Full name <u>James Frank Prosh</u>		Full maiden name <u>Constance Eugene</u>	
9. Residence (Usual place of abode) <u>Hayden</u>		15. Residence (Usual place of abode) <u>Woodner</u>	
If nonresident, give place and state _____		If nonresident, give place and state <u>Hayden</u>	
10. Color or race <u>White</u>	11. Age at last birthday <u>26</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>25</u> (Years)
12. Birthplace (city or place) <u>Roswell</u> (State or country) <u>N.M.</u>	13. Occupation <u>Asst. Supp. Miller</u> Nature of industry _____	18. Birthplace (city or place) <u>Roswell</u> (State or country) <u>Colo.</u>	19. Occupation <u>Home Wife</u> Nature of industry _____
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>1</u>		<u>Yes</u>	
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn.) at _____ p.m. on the date above stated.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>Charles H. Smith, M.D.</u> (Physician or midwife)	
Given name added from _____		Address <u>Hayden, Ariz.</u>	
1 supplemental report _____		Filed <u>Oct 20, 1928</u> <u>W.D. Duck</u> Month, day, year. Local Registrar.	
Registrar. _____		County Registrar. _____	

563-1016-379